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## SUBSTANCE ABUSE OUTPATIENT SERVICES STANDARDS OF CARE



Substance Abuse Outpatient Services supports clients through treatment and counseling services for drug or alcohol use disorders and promotes engagement in medical care and treatment adherence to achieve viral load suppression. The following standards identify the minimum expectations for Substance Abuse Outpatient Services funded by the Arizona Ryan White Part B Program.

## HRSA Service Category Definition

**Substance Abuse Outpatient Care** is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - Pretreatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling associated with substance use disorder
  - Outpatient drug-free treatment and counseling
  - Medication assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention

**Program Guidance:** Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Source: [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

### **Additional notes:**

- Substance Abuse Outpatient Services provided with Ryan White Part B funding are subject to Arizona's Administrative Code Title 9, Chapter 20. Per Arizona law, staff who provide treatment, counseling, or support group facilitation must be licensed or supervised by a licensed professional.
- Ryan White funding is for direct client services cannot be used to pay charges for clients' missed or cancelled appointments with the provider. Program funds may only be used for kept appointments.
- If the subrecipient is using a subcontractor to provide direct services for clients, then the subrecipient is responsible for ensuring the subcontractor is meeting all of the requirements of the Ryan White Part B Program.
- If a client has insurance (AHCCCS, FFM, private, etc.), the assistance with copay costs

should be billed to Health Insurance Premium Cost Sharing Assistance (HIPCSA) and not Substance Abuse Outpatient Services.

## Client Intake and Eligibility

All subrecipients are required to have a client intake and eligibility policy on file. It is the responsibility of the subrecipient to determine and document client eligibility status as outlined in the Arizona Department of Health Services Ryan White Part B Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every 6 months.

Eligible clients must:

- Provide proof of HIV diagnosis
- Live in the state of Arizona and provide proof of residency\*
- Earn less than [400% of the federal poverty level](#)
- Participate in the insurance option for which he or she is eligible that best meets his or her medical needs
- Submit the Arizona Ryan White and ADAP application in [English](#) or [Spanish](#) and required supporting documentation. Support documents must include:
  - Documented viral load labs within the past 6 months
  - AHCCCS (Arizona's Medicaid program) approval or denial for clients under 150% of the federal poverty level
  - Proof of income
  - Proof of residency
  - Proof of insurance (if applicable)
  - Taxes for clients enrolled in an ADAP-funded Marketplace plan
  -

Additional details on support documentation requirements are outlined in the Ryan White Part B/ADAP Application, and the Eligibility Processing Guide. All eligibility policies, documents, and training materials can be found on the Health Services Portal.

Services will be provided to all Ryan White Part B qualified clients without discrimination on the basis of HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigration status, or any other basis prohibited by law.

\*Clients who reside in Maricopa County, Mohave County, or Pinal County fall under Part A jurisdiction. If a client who resides in one of these counties wishes to receive Part B services, or vice versa, a request for exception must be submitted to the Part A and B Program Managers.

## Personnel Qualifications

Substance Abuse Outpatient Services must be provided by trained, licensed, and/or certified mental health professionals. Requirements include the following:

- Individual clinicians shall have documented unconditional licensure/certification in his/her area of practice and may include Licensed Social Workers, Licensed Professional Counselors, Licensed Independent Substance Abuse Counselors, Licensed Substance Abuse Technicians, Licensed Associate Substance Abuse Counselors, and clinical psychologists;
- Subrecipients shall employ clinical staff knowledgeable and experienced in their area of clinical practice as well as in the area of HIV/AIDS clinical practice. All staff without direct experience or licensure (e.g. residents, paraprofessionals, etc.) shall be supervised by staff that is qualified by the Arizona Board of Behavioral Health Examiners to provide clinical supervision; and
- Staff providing mental health or substance abuse services who do not have documented HIV/AIDS training must complete an HIV/AIDS training course. Training may be provided through the local AIDS Education and Training Centers (AETC) or via another approved training course within one year of the hire date.

Completion of any and all required trainings must be documented and kept in staff personnel files. If new staff previously completed the required trainings, they do not need to be repeated, but documentation of prior trainings must be kept in personnel files.

## Care and Quality Improvement Goals

The overall goal of Substance Abuse Outpatient Services is to provide treatment and counseling services to address substance abuse problems, eliminating barriers to treatment and increasing adherence to medical care for eligible individuals living with HIV/AIDS.

Clinical Quality Improvement goals for Substance Abuse Outpatient Services are:

- 90% of all client files include documentation of a completed comprehensive treatment and care plan.
- 90% of clients receiving Substance Abuse Outpatient Services are actively engaged in medical care as documented by a medical visit in each six (6) month period in a two-year measure and in the second half of a single year measure.

\*Exception in cases with documentation from clinician stating client is seen once a year.

- 90% of clients receiving Substance Abuse Outpatient Services are virally suppressed as documented by a viral load of less than 200 copies / mL at last test.

## Service Standards, Measurements, and Goals

Standard		Measure	Data Source	Goal
1	Services are provided by licensed mental health/substance abuse professionals.	Documentation of current Arizona licensure for Substance Abuse Outpatient Services staff.	Administrative documents	100%
2	Staff providing services have been trained to work with HIV positive populations.	Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations.	Personnel files	100%
3	Clients have a detailed treatment plan that includes the quantity, frequency, and modality of treatment.	Documentation of a detailed treatment plan that includes quantity, frequency, and modality (group or individual).	Client file	90%
4	Clients have a detailed treatment plan that includes treatment begin date and end date, or projected end date.	Documentation of a detailed treatment plan that includes begin date and end date, or projected end date.	Client file	90%
5	Clients have a detailed treatment plan that includes regular monitoring and assessment of client progress.	Documentation of a detailed treatment plan that includes regular monitoring and assessment of client progress.	Client file	90%
6	Clients have a detailed treatment plan that includes the signature of the substance abuse professional and/or the supervisor as applicable.	Documentation of a detailed treatment plan that includes the signature of the substance abuse professional and/or the supervisor as applicable.	Client file	90%

Standard		Measure	Data Source	Goal
7	Clients have a detailed treatment plan that includes the signature of the client receiving services.	Documentation of a detailed treatment plan that includes the signature of the client receiving services.	Client file	90%
8	Clients have a detailed treatment plan that includes the date for reassessment. Plans should be updated at least annually.	Documentation of a detailed treatment plan that includes the date for reassessment and annual updates.	Client file	90%
9	Client treatment plan or record includes diagnosis of drug or alcohol use disorder.	Documentation of treatment plan or record that includes diagnosis of drug or alcohol use disorder.	Client file	100%
10	A discharge plan and/or case closure note is completed within 30 days of a client accomplishing treatment goals or within 90 days of last clients for clients who have fallen out of substance abuse treatment.	Documentation of a discharge plan and/or case closure note within 30 days of completion or 90 days of inactivity.	Client file	90%
11	Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year.	Client file	90%
12	Clients are retained in medical care.	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits.	Client file	90%
13	Clients are virally suppressed.	Documentation of a viral load less than 200 copies/mL at last test.	Client file	90%

## Client Rights and Responsibilities

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each subrecipient will take all necessary actions to ensure services are provided in accordance with the client rights and responsibilities statement and that each client fully understands his or her rights and responsibilities.

## Client Records, Privacy, and Confidentiality

Subrecipients providing services must comply with the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) provisions and regulations and all federal and state laws concerning confidentiality of clients' Personal Health Information (PHI). Subrecipients must have a client release of information policy in place and must review the release regulations with the client before services are rendered. A signed copy of the release of information form must be kept in the client's record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored CAREWare Database managed by the Arizona Department of Health Services.

All communications made with or on behalf of the client are to be documented in the client chart and must include a date, length of time spent with client, person(s) included in the encounter, and brief summary of what was communicated. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Client records must be retained for a minimum of 6 years.

## Cultural and Linguistic Competency

Subrecipients must adhere to the [National Standards on Culturally and Linguistically Appropriate Services](#).

## Client Grievance Process

Subrecipients must have a written grievance procedure policy in place that allows for objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for

doing so. A signed copy of the grievance procedure policy form must be kept in the client's record.

## Case Closure Protocol

Subrecipients must have a case closure protocol on file. The reason for case closure must be documented in each client's file. If a client chooses to receive services from another provider, the subrecipient must honor the client's request.

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